# that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL PRITCHARD

Electronic Signature of Signing Authorized Person(s) Detail

# Entity Name: MICHAEL PRITCHARD'S RESCREEN & GUTTER, LLC **Current Principal Place of Business:**

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

8795 N. VERO TERRACE DUNNELLON, FL 34433

## **Current Mailing Address:**

DOCUMENT# L18000269451

8795 N. VERO TERRACE DUNNELLON, FL 34433 US

#### FEI Number: 83-2614382

## Name and Address of Current Registered Agent:

PRITCHARD, MICHAEL LAWERANCE 8795 NORTH VERO TERRACE DUNNELLON, FL 34433 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

#### SIGNATURE: MICHAEL PRITCHARD

Electronic Signature of Registered Agent

#### Authorized Person(s) Detail :

Title	MGRM
Name	PRITCHARD, MICHAEL
Address	8795 N VERO. TERRACE
City-State-Zip:	DUNNELLON FL 34433

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

04/23/2024

FILED Apr 23, 2024 Secretary of State 1350191829CC

Certificate of Status Desired: No

04/23/2024

Date

OWNER

Date